POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). | | | | | |
|---|--|-----------------------------|--------------------------|----------------------------------|--|
| I hereby appoint: | | | | | |
| X Pra | actitioners associated with the Customer Numb | per: | 26111 | | |
| OR | | <u> </u> | | | |
| Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): | | | | | |
| | Name | Registration | Nam | | |
| - | | Number | | Number | |
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| as attorne | avie) or agentie) to represent the undersigned by | hefare the United State | - Datast and Trademork | Off (HODTO) | |
| as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). | | | | | |
| Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: | | | | | |
| | | | | | |
| X The address associated with Customer Number: 26111 | | | | | |
| OR | THE auditos associated that Customer (value) | зг. | | | |
| Fin | Firm or | | | | |
| Address | lividual Name | | | | |
| | | 1 5 | | | |
| City | | State | | Zip | |
| Country | | | | | |
| Telephor | 10 | | Email | | |
| | | | 1 | | |
| _ | Name and Address: | | | | |
| | Products Corporation | | • | | |
| | oury Road | | | | |
| Wilton, | Connecticut 06897 | | | | |
| A copy o | f this form, together with a statement ι | under 37 CFR 3.73(| b) (Form PTO/SB/96 c | or equivalent) is required to be | |
| filed in ea | ach application in which this form is us | sed. The statement | t under 37 CFR 3.73(b | h) may be completed by one of | |
| the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. | | | | | |
| SIGNATURE of Assignee of Record | | | | | |
| | The individual whose signature and ti | tle is supplied below is | authorized to act on beh | nalf of the assignee | |
| Signature | Distrul | | Dat | ate 09/10/09 | |
| Vame | Beth P. Hecht | echt Telephone 203-254-6755 | | | |
| Γitle | Senior Vice President, General Counsel & Secretary | | | | |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.